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## BIBDATASHEET\*

Data Sheet

CONFIRMATION NO. 8287

SERIAL NUMBER 09/555,360	FILING DATE 09/26/2000 RULE 1.47	CLASS 422	GROUP ART UNIT 1743	ATTORNEY DOCKET NO. 00P061:RC:SB
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## APPLICANTS

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Peter Adriaan Kuiper, Queensland, AUSTRALIA; Ian David Henderson, Somerset, UNITED KINGDOM;

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## \*\*CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/AU98/00991 11/27/1998

## \*\*FOREIGN APPLICATIONS \*\*\*\*\*

AUSTRALIA PP0581 11/27/1997

EQUIRED, FOREIGN FILING LICENSE GRANTED  
5/ 25/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>B-R</u> Initials	AUSTRALIA	24	2414	93

ADDRESS  
00466  
YOUNG & THOMPSON  
15 SOUTH 23RD STREET 2ND FLOOR  
ARLINGTON, VA  
2202TITLE  
Sample distribution apparatus/systemFILING FEE FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
RECEIVED No. \_\_\_\_\_ for following:  
820

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other



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<b>APPLICANTS</b> Leslie Robert Watson, Queensland, AUSTRALIA; Christoph Friedrich Tschopp, Queensland, AUSTRALIA; Pieter Adriaan Kuiper, Queensland, AUSTRALIA; Ian David Henderson, Somerset, UNITED KINGDOM; Ross Andrew Weaver, Queensland, AUSTRALIA; Christian Darrel Decosterd, Queensland, AUSTRALIA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU98/00991 11/27/1998				
<b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA PP0581 11/27/1997				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/25/2001</b> <i>SMALL ENTITY</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 14
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 000466				
<b>TITLE</b> SAMPLE DISTRIBUTION APPARATUS/SYSTEM				
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	